

REMARKS

In the Office Action dated December 14, 2005, claim 1 was objected to because the Examiner suggested changing the phrase in line 11 thereof to "on the surface of the tissue section." By the present response, claim 1 has been editorially amended in a different manner, which also addresses the rejection of claims 1 and 2 under Section 112, first paragraph. That rejection was based on the statement of the Examiner that it was unclear how the maximum of a position, as stated in the original language of claim 1, is defined or quantified.

The possibility of claim 1 being interpreted in the manner that cause the rejection of claim 1 under Section 112 was actually due to a typographical error in claim 1 (the erroneous inclusion of "of" in the phrase "of a position"), but as noted above claim 1 has now been editorially amended to state that the surface of the tissue section has surface directions defining the surface, and the position of the maximum of the admittance data is determined relative to these surface directions. This language of claim 1 is intended to describe the types of maxima identification exemplified in Figures 3A through 3D of the present application.

Claim 1 is therefore submitted to be in full compliance with all provisions of Section 112.

Claim 1 also has been substantively amended, as discussed in more detail below, to bring the subject matter of claim 2 therein. Claim 2 accordingly has been cancelled.

Original claims 1 and 2 were rejected under 35 U.S.C. §102(b) as being anticipated by Pearlman. With regard to the subject matter of original claim 2, now embodied in independent claim 1, the Examiner stated Pearlman teaches method

steps comprising determination of a depth position of a lesion using orthogonal leadfields, and cited at column 5, lines 1-53; column 18, lines 9-67; column 31, lines 63-67 and column 32, lines 1-59 of the Pearlman reference in substantiation of this position.

This rejection of original claim 2 is respectfully traversed for the following reasons. In the Pearlman reference, Applicant acknowledges that the depth of a lesion can be determined, but Applicant is unable to find any suggestion or teaching whatsoever in the various portions of the Pearlman reference cited by the Examiner that this depth determination is undertaken, either directly or indirectly, using orthogonal leadfields. A person of ordinary skill in the relevant technology understands the term leadfield in the association between a potential signal source and the signals generated thereby at predetermined locations. This is also consistent with the more specific definition provided in connection with item (b) at page 7 of the present specification.

In accordance with the invention, the locations in the leadfield model are predetermined by the actual measurement locations. No such method is mentioned or even suggested at any location in the Pearlman reference, and in particular is not mentioned or suggested at any of the passages in the Pearlman reference noted by the Examiner.

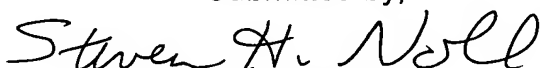
Pearlman describes a technique for determining the depth of a lesion in connection with Figure 16, and the associated written description at columns 18-20. In the first passage cited by the Examiner in this section of Pearlman, depth of the lesion is determined by using a biopsy needle, an intra-operative probe, fingertip probe (palpitation) while observing the impedance value chart. In the second

passage cited by the Examiner, depth of the lesion is estimated among the relevant size, but from measurement values obtained from two differently-oriented applicators.

None of these ways of determining the depth of the lesion disclosed in the Pearlman reference have anything to do with the use of leadfields, nor the use of orthogonal leadfields, as explicitly claimed in amended claim 1 of the present application.

The Pearlman reference therefore does not disclose all of the elements of claim 1 as arranged and operating in that claim, and thus does not anticipate claim 1. Claim 1 is therefore submitted to be in condition for allowance, and early reconsideration of the application is respectfully requested.

Submitted by,



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